

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>7/30/00</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>[Signature]</i>	<i>8-16</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>[Signature]</i>	<i>5-16</i>
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	<i>[Signature]</i>	<i>12-16</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	
1	<i>11/4/00</i>
2	<i>12/16/00</i>
3	<i>12/16/00</i>
4	<i>12/16/00</i>
5	<i>12/16/00</i>
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
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